# UTILITY PATENT APPLICATION TRANSMITTAL

*(Only for new nonprovisional applications under 37 CFR 1.53(b))*

| | |
|---|---|
| Attorney Docket No. | 243649US2S |
| First Inventor or Application Identifier | Yuki YAMADA, et al. |
| Title | SEMICONDUCTOR MEMORY DEVICE HAVING A FERROELECTRIC CAPACITOR AND METHOD OF MANUFACTURING THE SAME |

## APPLICATION ELEMENTS

*See MPEP chapter 600 concerning utility patent application contents*

1. ■ Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)
2. ■ Specification — Total Sheets: 62
3. ■ Drawing(s) *(35 U.S.C. 113)* — Total Sheets: 40
4. ☐ Oath or Declaration — Total Pages:
   a. ☐ Newly executed (original or copy)
   b. ☐ Copy from a prior application *(37 C.F.R. §1.63(d))* *(for continuation/divisional with box 17 completed)*
      i. ☐ DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see *37 C.F.R. §1.63(d)(2) and 1.33(b).*
5. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program *(Appendix)*
6. ☐ Nucleotide and/or Amino Acid Sequence Submission *(if applicable, all necessary)*
   a. ☐ Computer Readable Form (CRF)
   b. Specification or Sequence Listing on :
      i. ☐ CD-ROM or CD-R (2 copies); or
      ii. ☐ Paper
   c. ☐ Statements verifying identity of above copies

*ADDRESS TO:* Commissioner for Patents
Mail Stop Patent Application
Alexandria, Virginia 22313

## ACCOMPANYING APPLICATION PARTS

7. ☐ Assignment Papers (cover sheet & document(s))
8. ■ Application Data Sheet. See 37 CFR 1.76
9. ☐ 37 C.F.R. §3.73(b) Statement *(when there is an assignee)* ☐ Power of Attorney
10. ☐ English Translation Document *(if applicable)*
11. ■ Information Disclosure Statement (IDS)/PTO-1449 ■ Copies of IDS Citations (2)
12. ☐ Preliminary Amendment
13. ■ White Advance Serial No. Postcard
14. ■ Certified Copy of Priority Document(s) (1) *(if foreign priority is claimed)*
15. ☐ Applicant claims small entity status. *See 37 CFR 1.27*
16. ■ Other: Request for Priority
    Statement of Relevancy

17. If a CONTINUING APPLICATION, *check appropriate box, and supply the requisite information below:*

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application no.:

*Prior application information:* Examiner: Group Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 18. CORRESPONDENCE ADDRESS

Customer Number

22850

(703) 413-3000
FACSIMILE: (703) 413-2220

| | | | |
|---|---|---|---|
| Name: | Marvin J. Spivak | Registration No.: | 24,913 |
| Signature: | | Date: | 10/6/03 |
| Name: | C. Irvin McClelland | Registration No.: | 21,124 |

17497 U.S PTO 10/670152 100603

15915 U.S. PTO

100603

Docket No. 243649US2S

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Yuki YAMADA, et al.

SERIAL NO: New Application

FILING DATE: Herewith

FOR: SEMICONDUCTOR MEMORY DEVICE HAVING A FERROELECTRIC CAPACITOR AND METHOD OF MANUFACTURING THE SAME

## FEE TRANSMITTAL

COMMISSIONER FOR PATENTS
ALEXANDRIA, VIRGINIA 22313

| FOR | NUMBER FILED | NUMBER EXTRA | RATE | CALCULATIONS |
|---|---|---|---|---|
| TOTAL CLAIMS | 20 - 20 = | 0 | x $18 = | $0.00 |
| INDEPENDENT CLAIMS | 3 - 3 = | 0 | x $86 = | $0.00 |
| ☐ MULTIPLE DEPENDENT CLAIMS (If applicable) | | | + $290 = | $0.00 |
| ■ LATE FILING OF DECLARATION | | | + $130 = | $130.00 |
| | | | BASIC FEE | $770.00 |
| | | | TOTAL OF ABOVE CALCULATIONS | $900.00 |
| ☐ REDUCTION BY 50% FOR FILING BY SMALL ENTITY | | | | $0.00 |
| ☐ FILING IN NON-ENGLISH LANGUAGE | | | + $130 = | $0.00 |
| ☐ RECORDATION OF ASSIGNMENT | | | + $40 = | $0.00 |
| | | | TOTAL | $900.00 |

☐ Please charge Deposit Account No. 15-0030 in the amount of **$0.00** A duplicate copy of this sheet is enclosed.

☐ A check in the amount of **$0.00** to cover the filing fee is enclosed.

■ Credit card payment form is attached to cover the filing fee in the amount of **$900.00**

■ The Director is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check or credit card payment is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,
MAIER & NEUSTADT, P.C.

Date: 10/6/03

Marvin J. Spivak
Registration No. 24,913

C. Irvin McClelland
Registration Number 21,124

Customer Number
22850
Tel. (703) 413-3000
Fax. (703) 413-2220
(OSMMN 05/03)